

MORRISON | FOERSTER755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS**RECEIVED
CENTRAL FAX CENTER****MAY 23 2007**

To:

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

FROM: CATHERINE M. POLIZZI

DATE: MAY 23, 2007

Number of pages with cover page:	3	Originals Will Not Follow
-------------------------------------	----------	----------------------------------

Preparer of this slip has confirmed that facsimile number given is correct: LDS4/11641**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

Atty Docket No: 51471-20016.00
Application Serial No.: 10/549,441
Filed: June 26, 2006
Inventors: David L. SHELTON
Art Unit: 1644
Examiner: R. Schwadron
Title: METHODS FOR TREATING TAXOL-INDUCED GUT DISORDER

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

PA-1168265

RECEIVED
CENTRAL FAX CENTER

MAY 23 2007

PTO/SB/21 (04-07)


Approved for use through 09/30/2007. OMB 0851-0031

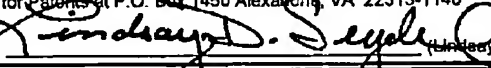
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/549,441	
	Filing Date	June 26, 2006	
	First Named Inventor	David L. SHELTON	
	Art Unit	1644	
	Examiner Name	R. Schwadron	
Total Number of Pages in This Submission	2	Attorney Docket Number	514712001600

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Catherine M. Polizzi		
Date	May 23, 2007	Reg. No.	40,130

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: May 23, 2007	Signature:  (Lindsay Seydel)

pa-1168266

MAY 23 2007

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/549,441
	Filing Date	June 26, 2006
	First Named Inventor	David L. SHELTON
	Art Unit	1644
	Examiner Name	R. Schwadron
	Attorney Docket Number	514712001600

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Nicholas Slepchuk Pfizer Inc.		
Address	Eastern Point Rd, MS 8260-1611		
City	Groton	State	CT
Country	U.S.A.		
Telephone	(617)551-3223	Email	Nicholas.I.Slepchuk@pfizer.com
Signature	<i>Catherine M. Polizzi</i>		
Name	Catherine M. Polizzi	Registration No.	40,130
Date	May 23, 2007	Telephone No.	(650) 813-5651

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300)
to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140

Dated: May 23, 2007

Signature: *Lindsay Seydel*

(Lindsay Seydel)

pa-1168271